

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10721997 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	1					
6						
7		①				
8		1				
9	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	8	←	←	←	←	↓
TOTAL CLAIMS	10	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	←	←	←	↓
TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████	██████████